

“Get Busy”

Come and join and be part of an exciting year with the “Get Busy” program. This program will run Monday through Thursday from 3:30-6:00 in the evening. The students can ride the late bus home. The program is open to any student 5th through 12th grade interested in Homework Support, Outside Activities, Weight Room, STEM projects (like building and working with robots), Grossology, Path Finders, Culinary Activities, etc.

PLEASE!!!

Don't just lay there

Be part of the “Get Busy” Program

It'll be AWESOME!!!



When: Monday September 17, 2018

What: The “Get Busy” Program

Join us for fun, pizza, and desert

Place: Mr. Axton's Room

Please pick up your sign up sheets in the office.

Youth Information

Participant's Name (please print): _____

Gender: _____ Date of Birth: _____

School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Primary Language Spoken at Home: _____

Grade: _____ Teacher Contact: _____

Description of Your Child

Please tell us about your child. Describe his or her interests, hobbies, extracurricular activities, and anything else that will help us get to know your child better.

Family Information

Family Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No(s): _____ Email: _____

Family Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No(s): _____ Email: _____

Transportation

- ☐ I (or someone I designate) will pick my child up from program.

Name of Person and Alternate: _____

- ☐ My child will take the bus (or other provided transportation home) after the program ends.

- ☐ My child will walk home alone from the program.

☐ Other: _____

Health Release

I give permission for the activity leader in charge to act on my behalf to take measures he or she deems necessary in the event of sickness or injury during the field trip. I agree to pay for any medical expenses for my child whose name appears above.

Current medical conditions
(including allergies) or medication: _____

Insurance Company: _____

Policy No.: _____ Policyholder's Name: _____

Signature: _____ Date: _____

Permissions

Please indicate below whether you give permission for the following things:

- The program to take and use photos of your child for the purpose of promoting the program (e.g., on our website, in program brochures)

☐ Yes ☐ No

- The program to survey your child occasionally in order to improve the program (*Note: Any survey that is part of a research study or for any purpose other than program improvement will have a separate permission process. This is just for program improvement information.*)

☐ Yes ☐ No